	PATENT	CATIO ffection	on fee o ve atobe	ORD	'	00	1/2	1868	322				
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL	LENTITY	OF	OTHE	R THAN ENTITY
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE	7	RATE	FEE
B	ISIC FEE	S						138.1			ე,∪R ე,∪R	ALL PROPERTY.	1770
TO	TAL CLAIMS		30	minus	20=	•		]	X\$ 9=	1.	OR		
INDEPENDENT CLAIMS   2 minus 3 = "							] ]	×μą		OR	×96=		
M	MULTIPLE DEPENDENT CLAIM PRESENT									1	7		
• 11	* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	+	OR	\$ (C)	
.,,	CLAIMS AS AMENDED - PART II										704	OTHER	THAN
(Column 1) (Column 2) (Column 3)									SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENTA		REMAIN AFTE AMEND	NING ER		Pf	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.3	9	Minus	24	39	=		X\$ 9=		OR	X\$18=	
	Independent FIRST PRESE	NTATION	OF MI	Minus	PENIO	ID OF ALL	=		x43=		OR	×36=	·
			OI WIL	Jerin CE VE	CINU	CITI COMM		<b>-</b> [	+145=		OR	:290	
	10-25	-05						£. A:	TOTAL DOIT, FEE	•	OR	TOTAL ADDIT, FEE	
	10-2	<u> (Colum</u>		·:		olumn 2)	(Column 3)				_	y \$/	,
> L		CLAIN REMAIN AFTE AMENDA	IING R		PR	HIGHEST YUMBER JEVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 39		Minus	- 44	39.	= ·		X\$ 9=	·	OR	X\$18=	
	Independent FIRST PRESE	+ /2	) OE 18	Minus	SENIO.	D)	=		x43		OR	x.86	٠
		- TONION	UP MC	LI ITLE UC	כאט	CIVI CLAUM		1	145=		OR	290:	
								L 47	TOTAL DOIT, FEE			TOTAL ADDIT. FEE	
• (Column 1) (Column 2) (Column 3)											•	ruuti. FEEI	
MENT C		CLAIM REMAIN AFTEI AMENOM	ING R		PR	IGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N N	Total	•		Minus	**				X\$ 9=		OR	X\$18=	
	Independent FIRST PRESE	• NTATION (		Minus	CNO		9		х <b>43</b>		OR	86	
			7					-	.145		OR	+290	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Flighest Number Previously Paid For" IN THIS SPACE is less than 80, enter "20."								TOTAL			TOTAL	
-	the "Highest Num he "Highest Num	прегитемо:		4 FAT IN THU	i RDA?	<b>~</b> In face the		_	Off, FEE L	ropriste box	•	DDIT. FEEL Janu 1.	

Application or Docket Number